DOCUMENT RESUME

ED 387 720 CG 026 348

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TITLE Marriage & Family Counseling in Mental Health Practice.
PUB DATE 95
NOTE 7p.
PUB TYPE Information Analyses (070)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Counseling; *Counseling Techniques; Counselors; *Family Counseling; Family Environment; Family Life; Family Relationship; Family Structure; *Marriage Counseling; *Systems Approach

ABSTRACT

Marriage and Family Therapy is an increasingly popular treatment that was almost unknown 50 years ago. Family Therapy has been multidisciplinary from the beginning, drawing practitioners from social work, psychology, psychiatry, nursing, and pastoral and mental health counseling. It is often difficult to get a whole family to arrange schedules so that all may attend therapy simultaneously. This paper briefly describes: the medical model of linear causation of emotional disorder; Family Systems Theory; components of a family system; Structural Therapy; Communications Theory; family treatment techniques; and the narrative approach. Many other theories and techniques exist in the field of family therapy that are not covered here. (JBJ)

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MARRIAGE & FAMILY COUNSELING IN MENTAL HEALTH PRACTICE

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Marriage & Family Counseling in Mental Health Practice

Stanley C. Feist, Ph.D.,LMHC, NCC, CCMHC.

Introduction

Marriage and Family Therapy is an increasingly popular treatment that was almost unknown 50 years ago. The field developed slowly. Family Therapy has been multidisciplinary from the beginning drawing practitioners from social work, psychology, psychiatry, nursing, pastoral and mental health counseling. The varieties of disciplines have added vigor to the theory and practice of this dynamic therapy.

Early psychoanalysts used a medical model of linear causation of emotional disorder. In this purview, physical illness is seen as caused by some internal biochemical or organic situation. Accordingly, this linear model views emotional problems as the result of either an internal biochemical or organic situation. Faulty beliefs may also cause the patient to respond to an aspect of reality that exists only in his/her subjective world.

The concept of linear causation is grounded in the notion of a particular cause or causes for a specific disorder. Emotional and behavioral problems are seen as being caused by some prior event, learning, or disease. This idea may not provide the most effective theoretical outlook for successful treatment.

Sometimes, working in the linear mode, the therapist would absolutely forbid interpersonal family contact so that restructuring of the patient's inner patterns could occur without interference. It has always been evident to many therapists that family influences significantly shape the personalities and behaviors of family members. However, it was considered that the person's internalized view of childhood events and relationships was the dominant formative influence. While linear treatment may relieve or reduce the symptomatic behavior in an individual, the family may simply readjust causing the symptoms to be exhibited in another manner or by another family member.

In contrast,the concept of the family as a circular system may offer a more useful model and lead to a more effective treatment of many disorders. Circularity examines the interactions among all the participants in a situation and may consider the internal system of an

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involved individual as well. Causality is circular in systems thinking. When one family member does or says something, that action is a stimulus for someone to respond. The response stimulates additional interaction between the same or other family members that continues in a circular manner. The family therapist believes that current daily interactions between family members are the significant factors in family pathology. Therefore, the family must be treated as a group to rearrange these external systemic forces in the here-and-now of therapy.

Usually a family goes to therapy because one family member is showing symptoms of a disorder. Instead of viewing this person as the patient, we see the whole family as the patient needing treatment. The person with symptoms is the merely the one 'chosen' to act out the disorder of a malfunctioning family system. The intensity of the maladaptive states we see in the identified patient simply reflect the extent of the problem in the larger family system.

A basic concept of Family Systems Theory is that of the family as a homeostatic or balanced system. The systems approach views the symptoms as a functional, but maladaptive, way to maintain homeostasis. Family homeostasis at all costs is a requirement of the poorly functioning family system; it uses feedback to maintain an unhealthy stability and resists change. A healthy, functioning system accepts feedback, is flexible, and opens to change.

Intervention in the system will require an adjustment for the family if they are to retain a homeostatic balance. The task of the therapist is to intervene in such a way that a new balance can be achieved which does not include the maladaptive symptoms. Inappropriate intervention allows re stabilization without change; the symptoms continue.

Components of a Family System

Peggy Papp (1976) outlined the following basic systemic postulates:

* The family is viewed as a whole, greater than the sum of its parts or members.

* Each member's behavior can only be understood within the context of the family unit.

* Change in any one member of the system will effect all other members of the system.

* The family regulates itself through feedback loops which provide balance (homeostasis) to the system.

* No one event linearly causes another to occur. Rather, behaviors are parts of larger circular patterns that recur over time to balance the family and permit it to move through various developmental stages.

Another current family therapist is Salvador Minuchin. His Structural Therapy is designed to reestablish the emotional boundaries that determine the closeness or distance between family members. Minuchin looks at the enmeshment or disengagement present in dysfunctional families and works to restructure the maladaptive boundaries.

Both Minuchin and Carl Whitaker have noted that stress and crisis in a family create a condition whereby restructuring is more likely to occur to reduce the discomfort. Any increase in deviant behavior that increases the stress also creates a need for change to occur.

Jay Haley and Cloe Madanes teach and apply their version of Communications Theory--Strategic Family Therapy. They use a form of Milton Erickson's directive therapy whereby a task is assigned to unbalance the family system. It may then be restructured to function in a more satisfactory manner. Paradoxical prescriptions are part of this treatment.

Certain techniques are part of almost every family treatment process. These techniques are designed to maintain the family's sense of self and of operational competence while challenging the maladaptive behaviors. Hoffman (1981) describes some of these:

*JOINING : Therapist's accommodation to win confidence and become more acceptable to the family.

Maintenance: Highlight the strengths, the positive behaviors and ideas of family members.

Tracking: Following both content and process of family members' contribution to sessions, using their metaphors, asking for expansion of their ideas.

Mimesis (nonverbal component of joining): responding to the affect, pace, mood and posture of the family.

*CHALLENGING: Confronting the family myths and it's varied behavioral versions.

*REFRAMING (the basic intervention of all therapies): Establishing the client's behavior as voluntary and not that of an unfortunate victim.

*ENACTMENT: Stimulating the family interaction to observe and change transactions and structure.

*BOUNDARIES (Both theoretical and concrete, one reflecting the other): Observing an evolutionary process of negotiating boundaries and positions in the healthy family.

*UNBALANCING: Restructuring by upsetting the established boundaries that the family desires to maintain.

*INTERPERSONAL INTENSITY: Therapist's use of self in the therapeutic situation.

*LINEAR PERSPECTIVE: Exploring the theoretical and unreal aspects of each person in the family as a unique, independent being.

INTERACTION or CIRCULARITY PERSPECTIVE: Observing how each family member influences the behavior of all other family members *ad infinitum* (the feedback loops).

We see here some of the essentials for thinking about family functioning as a system of behaviors in which any one action influences the behaviors of others. A circularity of interaction exists in any group situation, and intervention at any one point can change the whole system. This is the basis of systems theory as applied to therapy.

All behavior is communicative; therefore, people are constantly and consistently communicating, even when no words are spoken. Body language, posture, facial expression, gestures, and physical proximity are very important aspects of communication and are carefully noted by the therapist.

One technique of Communications Therapy has the family members speak only in the "I" language. This technique requires each person to speak directly to, not for or about, anyone else.

The family interaction must not be allowed to become destructive and attacking. If any positive change is to occur, the participants need to talk about their feelings and listen actively to the other's. To prevent

hostile interaction, it may become necessary at times, to have each party talk to the therapist rather than to each other. Couples who have not listened and heard one another for years are afforded the opportunity to listen and understand each other without feeling threatened.

Sometimes a narrative approach is useful; telling a story about another couple with a similar problem and their difficulties in dealing with a similar problem may make the point more easily than using a more direct technique.

Conclusion:

It is often difficult to get a whole family to arrange schedules so all may attend therapy simultaneously. The results attained are most certainly worth the effort. The idea of systems can be applied to one person, a business or any organization to help understand and reduce malfunctioning. We have here only touched on the abundance of theories and techniques that exist in this field of therapy.

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